

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/11/03.

I. DISPUTE

Whether there should be **additional** reimbursement for durable medical equipment supplied on 09/25-02. The Respondent denied additional reimbursement as, "TX M No MAR".

II. RATIONALE

Texas Labor Code §408.027 and Rule 133.304 (c) require the insurance carrier to send a report that explains the reason for the reduction or denial of payment for services provided by the Requestor. Rule 133.307 (g) (3) (D) requires the Respondent to respond to the request for medical dispute resolution. The Requestor has provided a copy of a signed certified mail card with return receipt verifying the Respondent's acknowledgment of the request for reconsideration. Also, the Commission's file contains the Respondent's representative signature on the memorandum acknowledging receipt of the letter requesting additional information in this medical dispute. The Respondent was given the opportunities to present their position but has failed to do so.

Per Rule 133.307 (g) (3) (D), the Requestor is to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The Requestor submitted sample EOBs reflecting what other carriers have reimbursed for the surgical supplies. The Requestor has provided sample EOBs to support that the fees billed are consistently charged and consistently reimbursed by other carriers. Additional reimbursement is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Medical Review has determined that the requestor **is** entitled to reimbursement for the durable medical equipment billed on 09/25/02. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$475.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 23rd day of July 2003.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt